

**Health Information and Quality Authority
Regulation Directorate**

**Compliance Monitoring Inspection report
Designated Centres under Health Act 2007,
as amended**



Centre name:	Rosenalee Care Centre
Centre ID:	OSV-0000277
Centre address:	Poulavone, Ballincollig, Cork.
Telephone number:	021 4850 930
Email address:	info@rosenalee.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Rosenalee Care Centre Limited
Provider Nominee:	Timothy Cyril Murphy
Lead inspector:	Mary O'Mahony
Support inspector(s):	Michelle O'Connor
Type of inspection	Announced
Number of residents on the date of inspection:	34
Number of vacancies on the date of inspection:	4

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- **Registration:** under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- **Monitoring of compliance:** the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- to carry out thematic inspections in respect of specific outcomes
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

Please note the definition of the following term used in reports: responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration renewal decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
30 May 2017 10:00	30 May 2017 18:00
31 May 2017 08:30	31 May 2017 14:45

The table below sets out the outcomes that were inspected against on this inspection.

Outcome	Our Judgment
Outcome 01: Statement of Purpose	Compliant
Outcome 02: Governance and Management	Compliant
Outcome 03: Information for residents	Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 05: Documentation to be kept at a designated centre	Substantially Compliant
Outcome 06: Absence of the Person in charge	Compliant
Outcome 07: Safeguarding and Safety	Compliant
Outcome 08: Health and Safety and Risk Management	Substantially Compliant
Outcome 09: Medication Management	Compliant
Outcome 10: Notification of Incidents	Compliant
Outcome 11: Health and Social Care Needs	Compliant
Outcome 12: Safe and Suitable Premises	Compliant
Outcome 13: Complaints procedures	Compliant
Outcome 14: End of Life Care	Compliant
Outcome 15: Food and Nutrition	Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Substantially Compliant
Outcome 17: Residents' clothing and personal property and possessions	Compliant
Outcome 18: Suitable Staffing	Non Compliant - Moderate

Summary of findings from this inspection

This report sets out the findings of an announced registration renewal inspection. This was the ninth inspection of Rosenalee Care Centre by the Health Information and Quality Authority (HIQA). The providers had applied to renew their registration and to add four new rooms to the centre. As part of the inspection inspectors met with the person in charge, the provider, the assistant director of nursing, residents,

the general manager, social care manager, administrator, relatives and staff members. Inspectors observed practices and reviewed documentation such as care plans, medical records, accident logs and staff files.

The management team displayed a good knowledge of standards and regulatory requirements for the sector and were found to be committed to providing personalised care to residents. A number of questionnaires from residents and relatives were reviewed prior to the inspection. The feedback from residents and relatives was one of satisfaction with the service, the staff members and the care provided. Family and community involvement were encouraged. Relatives and friends of residents were seen to visit throughout the inspection. They stated that they were welcome at any time and offered refreshments when visiting.

The person in charge was fully involved in the management of the centre and was found to be easily accessible to residents, relatives and staff. There was evidence of individual residents' needs being met and the staff supported residents to maintain their independence where possible. A wide variety of social and recreational activities, both on-site and outside the centre were available to residents. Inspectors formed the view that care was person-centred and individualised. Inspectors found the premises, fittings and equipment were very clean and well maintained. There was a nice, fresh standard of décor throughout. The centre was finished to a high standard and there was appropriate use of colour and soft furnishings to create a homely environment. A new lift had been installed. Gardens were very well maintained. Infection control procedures were implemented and staff received appropriate training.

The centre was found to be in substantial compliance with the requirements of regulations. However, some improvement was required to comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Standards for Residential Care Settings for Older People in Ireland 2016. The improvements were set out in the action plan generated at the end of this report.

Compliance with Section 41(1)(c) of the Health Act 2007 and with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

Outcome 01: Statement of Purpose

There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The statement of purpose accurately described the aims, objectives and ethos of care. Inspectors saw that residents were treated with dignity and consideration and the centre successfully recreated a comfortable homely atmosphere. The statement of purpose included information required by Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. It described the facilities and services available to residents and the size and layout of the premises.

Judgment:

Compliant

Outcome 02: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The quality of care and experience of residents was monitored and reviewed on an ongoing basis. Effective management systems and sufficient resources were in place.

There was a clearly defined management structure that identified the lines of authority and accountability.

Inspectors viewed the annual review of the quality and safety of care delivered to residents. Improvements were brought about as a result of learning from the monitoring review according to minutes of staff meetings seen. There was evidence of consultation with residents and their representatives in the care planning process.

Staff appraisals were undertaken and staff induction procedures included training, Garda Siochana vetting and supervision.

Judgment:

Compliant

Outcome 03: Information for residents

A guide in respect of the centre is available to residents. Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

A guide to the centre was available in the hallway and in residents' rooms. Each resident was provided with a written contract on admission, as required under Regulation 24 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

The contract detailed services and duties of the proprietor including medical treatment, facilities for occupation and recreation, visiting arrangements, the complaints process and feedback from residents. Fees for additional services such as hairdressing, chiropody, the social programme, newspapers and toiletries were also listed.

Judgment:

Compliant

Outcome 04: Suitable Person in Charge

The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The person in charge was a registered nurse who worked full time in the centre and had experience in nursing and supporting the needs of older adults in a residential setting. She demonstrated knowledge of the residents, clinical skills and knowledge of the legislation and her statutory responsibilities. She was engaged in the governance of the centre on a regular and consistent basis. There was evidence that she had participated in updated studies and relevant conferences.

Judgment:

Compliant

***Outcome 05: Documentation to be kept at a designated centre
The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.***

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Inspectors found that the designated centre had policies as required by Schedules 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, in place. Staff had signed as having read and understood these policies. While many of these were comprehensive and referenced the latest national policy and guidance some were generic and did not reflect day-to-day practices in the centre. For example, the fact that the centre was now utilising an electronic healthcare records management system was not described in the relevant policy. In addition, a small number of policies had not been reviewed or updated in over three years.

Inspectors saw that all records were securely stored and easily retrievable. Evidence was also seen that the centre was adequately insured against injury to residents.

Judgment:

Substantially Compliant

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Outcome 06: Absence of the Person in charge
The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:
Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The provider was aware of his statutory duty to inform the Chief Inspector of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during her absence. There was a suitably qualified person in place to deputise in the absence of the person in charge.

Judgment:
Compliant

Outcome 07: Safeguarding and Safety
Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:
Safe care and support

Outstanding requirement(s) from previous inspection(s):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
There was a policy and procedure in place for the prevention, detection and response to abuse as required by the regulations. This policy referenced best evidence based guidance on the safeguarding of vulnerable adults. As part of the inspection process inspectors met with a number of residents who spoke positively in relation to their experience of living in the centre. Members of staff were clear in their understanding of what constituted abuse and demonstrated that they understood the procedure for reporting any allegation.

The centre had a comprehensive policy in relation to managing behaviours associated

with the behaviour and psychological symptoms of dementia (BPSD). A number of staff had received training in this area and this training was planned for all staff. It was evident from observing interactions and speaking with members of staff that they understood the behaviour of residents with dementia. In addition, staff were familiar with supportive responses to reassure residents.

The policy on restraint provided guidance in promoting a restraint free environment. Where a relevant assessment indicated that the use of bedrails was not appropriate, suitable beds and sensor alarms were in place. Restraint logs were maintained and bedrail use was checked to ensure safety of residents, on a regular basis.

Judgment:
Compliant

Outcome 08: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.

Theme:
Safe care and support

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:

There was an updated health and safety statement and associated policies in the centre. There was a comprehensive risk management policy in place. A risk register identified potential risks throughout the centre and described efforts taken to mitigate risks. An emergency response plan was in place for responding to major incidents likely to cause death or injury, serious disruption to essential services or damage to property.

Inspectors found suitable fire equipment was available throughout the centre. Frequent servicing took place, involving an external contractor and the general manager who had relevant qualifications and experience. Fire evacuation procedures were prominently displayed. All staff had participated in mandatory annual fire safety training and regularly practiced drills in different locations, upstairs and downstairs using relevant fire scenarios. Updated personal emergency evacuation plans (PEEPs) were printed each evening for all residents. These were seen to be available next to the fire safety panel and staff were familiar with their location and use. An emergency response team had also been trained to coordinate staff with regards fire safety and evacuation procedures. A fire register was available where daily in-house fire safety checks were recorded. However, the weekly activation of the alarm system had not been documented and in addition, there was no fire extinguisher available in or in the vicinity of the laundry room for staff use in the event of a fire.

During the inspection inspectors observed that the doors to the dining room were held open with dining chairs at mealtimes. The provider and person in charge assured

inspectors that this was an interim measure of short duration and that a more permanent solution would be developed in relation to keeping these fire-safe doors open at mealtimes. The provider also gave assurances to inspectors that a staff member was present with residents at all times when these doors were temporarily held open.

Judgment:

Substantially Compliant

Outcome 09: Medication Management

Each resident is protected by the designated centre's policies and procedures for medication management.

Theme:

Safe care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Policies relating to the ordering, prescribing, storing and administration of medicines to residents were in place. Processes for the handling of medicines including controlled drugs, were seen to be safe and in accordance with current guidelines and legislation. The centre had a designated controlled drugs (MDAs) press which was not in use at the time of inspection. Staff were observed adhering to appropriate medicine management practices. The medication trolley was in a secure location. The centre had measures in place for the recording, storing and disposal of out of date medication.

Regular audit of medication management was undertaken. Audits on the use of psychotropic medicines had been undertaken by the pharmacist supplying the centre. Medicines were delivered on a monthly basis and as required.

A review of a sample of medication prescription and administration charts indicated compliance with guidance for the sector. There was evidence that residents' medicines were regularly reviewed by their general practitioner (GP).

The procedure of transcribing medication was operated in the centre in accordance with the guidance issued for nurses by An Bord Altranais agus Cnáimhseachais na hEireann and the centre's own policy on transcribing medication.

Judgment:

Compliant

Outcome 10: Notification of Incidents

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

<p>Theme: Safe care and support</p>
<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: An incident log was maintained electronically. Details of incidents were logged by staff including a description of the incident, possible contributory factors and the outcome. Serious incidents requiring immediate medical attention were notified to HIQA. Incidents involving slips, trips and falls were regularly audited. The centre had a laser beam mechanism for sensing when a resident at risk of falls, who was unable to ring the call bell got out of bed at night. This was connected into the nurse call system to alert staff as to the requirements of the resident.</p>
<p>Judgment: Compliant</p>

Outcome 11: Health and Social Care Needs
Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

<p>Theme: Effective care and support</p>
<p>Outstanding requirement(s) from previous inspection(s): The action(s) required from the previous inspection were satisfactorily implemented.</p> <p>Findings: Inspectors reviewed a sample of residents' care plans and observed that there were comprehensive care plans in place to guide staff on providing holistic care to residents. Care plans were developed on a computerised system and some documentation was maintained in paper files also. The sample of plans reviewed were seen to include a detailed profile of each resident. Residents and their representatives, where appropriate, were involved in developing the care plans. Documentation confirming this was seen by inspectors.</p> <p>Access to medical and allied health care professionals was facilitated on a regular basis for residents. For example, inspectors noted that exercise classes, physiotherapy, general practitioners (GPs), the dietician, dentist, chiropody, optical and speech and language services (SALT) had been accessed. It was evident that treatment was provided to residents with their consent. The clinical care requirements of residents with</p>

medical needs were addressed by access to consultants and the GP service. Residents with wounds, a history of falls, diabetes or high blood pressure had appropriate plans of care in place. Inspectors met with the staff member who was employed as a social care manager. He stated that all members of staff fulfilled a role in meeting the social needs of residents. Inspectors observed that staff communicated with residents in a respectful and kind manner. This aspect of care was discussed further under Outcome 3: Residents' rights, dignity and consultation. The environment was suitable and stimulating. There was a range of interesting games, books and other objects in each communal room in the centre. Arrangements were in place to support the civil, religious and political rights of residents, where this was possible.

Judgment:

Compliant

Outcome 12: Safe and Suitable Premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:

Effective care and support

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The centre was in operation since 1988 and provided long-term, convalescent and respite care to older persons. It was currently registered for 39 residents. The provider had applied to HIQA to increase the number of residents to 42 following the installation of a lift and the refurbishment of upstairs bedrooms. It was divided into two sections which could be accessed through two independent key-padded entrance doors, joined by a central corridor. One side of the centre was called the convalescent unit, providing convalescent care and full time care. The second side was called the nursing home unit, providing long-term or short-term nursing home care.

Similar to previous inspection findings the majority of bedrooms in the centre were decorated to a high standard and had en-suite facilities. A number of rooms had been renovated with larger built in wardrobes, new lockers and furnishings. Communal accommodation consisted of:

- two dining rooms
- three lounges
- two conservatory areas
- an upstairs visitors' room.
- a small front sitting room.

Flower boxes and plant containers were placed at the entrance to the home on all window sills. The general manager explained that the centre had won prizes at the tidy town competition for their floral display. The gardens at the back of the centre were accessible to residents and suitable garden seating was available on the patio and lawn area. Residents stated that the patio was enhanced by the use of a newly constructed gazebo. Inspectors observed residents walking independently around the gardens. Car parking was available to the front and the rear of the building. Additional features included:

- New hydraulic lift with automatic electric doors
- Staff changing room with a private changing cubicle and individual lockers
- Beautiful water colour and oil paintings in rooms and along the corridors
- Larger dining room was rearranged to facilitate movie screening and live sporting events using a big screen and projector

In addition, one sitting room had a sliding door installed so that a section of the room could be cordoned off for private visits and smaller activity sessions such as 'Sonas' (an activity to activate communication through the senses).

Judgment:
Compliant

Outcome 13: Complaints procedures
The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:
Person-centred care and support

Outstanding requirement(s) from previous inspection(s):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
Policies and procedures were in place for the management of complaints. The complaints process was displayed in a prominent place and residents were aware of how to make a complaint. Residents expressed confidence in the process and stated they had no concerns about speaking with staff. A staff nurse had been appointed as the person nominated to deal with complaints and she maintained details of complaints, the results of any investigations and the actions taken. The person in charge ensured that all complaints were dealt with. An independent person was available if the complainant wished to appeal the outcome of the complaint.

Judgment:
Compliant

Outcome 14: End of Life Care

Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.

Theme:

Person-centred care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Care practices were designed to ensure residents received end of life care in a way which respected their dignity and autonomy. Individual religious and cultural practices were facilitated and family and friends were encouraged to be with the resident at end of life. Residents had the option of a single room and access to specialist palliative care services if required. Inspectors reviewed the end of life policy which focussed on the holistic needs of residents and relatives.

The person in charge stated that some residents had discussed their advanced care wishes. These were seen to be documented in the relevant care plans. Property inventories were maintained for residents who were encouraged to bring in favourite items from home. These inventories were updated when necessary.

Residents were facilitated to participate in spiritual events. Mass was celebrated regularly and prayers were said daily as part of a group activity, according to the social care manager. Residents confirmed this with inspectors.

Judgment:

Compliant

Outcome 15: Food and Nutrition

Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.

Theme:

Person-centred care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Care plans outlined the nutrition and hydration needs of residents. Residents were weighed on a monthly basis. A nutritional screening tool MUST (Malnutrition Universal

Screening Tool) was used to identify and monitor residents at risk of malnutrition. The nutritional needs of residents were supported by relevant policies and dietary supplements when required.

Kitchen staff were appropriately qualified and regularly attended food safety training. Residents' dietary requirements were communicated to kitchen staff on a daily basis. A diet matrix was in use which described the food and fluid consistency, likes/dislikes and dependency levels of all residents. The centre followed guidance from external nutrition experts with regard to the nutritional content of meals. Information on allergens was available in folders placed in kitchen and dining areas. Fresh meat and vegetables were delivered to the centre two or three times a week which the staff member said reduced the need for freezing and defrosting. Healthcare assistants prepared breakfasts from 7.00am, while the chef prepared the lunch for 12.15pm and supper from 17.00pm. The four week rolling menu offered ample choice to residents. For residents on modified consistency diets, meal options were presented to residents using food moulds to simulate the shape of, for example, chicken or salmon and vegetables. Special adapted cups were in use for residents who required assistance. Assistive cutlery was available even though it was not in use for residents at the time of inspection.

Residents had access to two dining rooms. One dining room was smaller and tastefully furnished to provide a homely atmosphere. Tea, coffee, fruit and biscuits were available on a side table throughout the day to residents. The larger dining area was set under a glass atrium overlooking well laid out gardens. Daily menus were displayed on notice boards. Residents spoken with were happy to receive breakfast in bed. Lunch and supper were seen as an opportunity for residents to socialise and interact with each other and with staff. Fresh jugs of water were placed in bedrooms each day for residents' use.

Judgment:

Compliant

Outcome 16: Residents' Rights, Dignity and Consultation

Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

Theme:

Person-centred care and support

Outstanding requirement(s) from previous inspection(s):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

Residents meetings were held on a regular basis. The provider and person in charge stated that they met with residents and relatives on a daily basis also. Inspectors viewed documentation which indicated that residents were consulted about how the centre was run. Surveys were conducted on an annual basis and there was a suggestion box located in the hallway of each area. Residents were enabled to make choices and maintain their independence. There were opportunities for residents to participate in activities which suited their assessed needs and interests. Menu choices and seasonal changes were discussed with residents. Residents were seen to be consulted at meal times and inspectors observed that a choice of menu was available at each meal.

Internet access and broadband were available in the centre. Televisions with a variety of channels were located in all bedrooms and in sitting rooms. A large screen TV and projector screen was used for special events and matches. Information and photographs were displayed on the walls. Daily newspapers were supplied to residents and residents were seen to avail of these at various times during the day. There were no restrictions on visitors and there were a number of areas where residents could meet visitors in private. During the inspection visitors were observed spending time with residents in the restaurant, in the bedrooms and in the sitting rooms. There was a variety of activities available to residents in the centre which were organised and facilitated by the social care manager. The weekly activity schedule included music, board games, arts and crafts, knitting, gardening, newspaper reading, religious activity, Sonas and various chair based exercise. The social care manager informed inspectors that residents who had been diagnosed with cognitive impairment had access to one to one interactions. He stated that he spent time with these residents, facilitating for example, music sessions and hand massage. Documentation to this effect was seen by inspectors.

Life story information was available in each resident's activity file. This documentation included details of residents' individual interests, level of communication, preferences and background. This information informed the activity plan and the daily choice of each resident. Staff members were seen to offer residents choice and spoke with them to ascertain their choice at each meal. There were sufficient staff on duty in the dining room and staff and residents engaged in social conversation. Residents were neatly and appropriately dressed. Staff assisted residents who were using walking aids or required wheelchair transfer.

Closed circuit TV (CCTV) was in use in the hallways of the centre, in one dining area and in the sitting room in the nursing home section. Signage was in place indicating its use. Since the previous inspection a CCTV policy was in place. Inspectors counted 24 CCTV cameras in place. The provider was asked to continue to review the use of cameras to ensure compliance with the Data Protection Act and the protection of the privacy and dignity of staff, residents and visitors.

Judgment:

Substantially Compliant

***Outcome 17: Residents' clothing and personal property and possessions
Adequate space is provided for residents' personal possessions. Residents can
appropriately use and store their own clothes. There are arrangements in***

place for regular laundering of linen and clothing, and the safe return of clothes to residents.

Theme:

Person-centred care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The centre had a policy on residents' property and possessions. Records of their personal property were maintained. Large wardrobes were available in residents' rooms. Residents had lockable storage space in their bedrooms and also had the option to store valuables in the centre's safe. Appropriate records were kept and two signatures were required in order to access these valuables.

Residents were well dressed and very stylish. They had access to on-site laundry facilities. Clothing was labelled for ease of identification. Laundry staff were familiar with infection control practices. On the day of the inspection the laundry sink was blocked. This was addressed immediately.

Judgment:

Compliant

Outcome 18: Suitable Staffing

There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

Theme:

Workforce

Outstanding requirement(s) from previous inspection(s):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

Based on inspection findings, inspectors were generally satisfied that the centre had sufficient staff with appropriate skills, qualifications and experience to meet the assessed needs of residents. However, staff spoke with inspectors about the difficulty recruiting nurses. Staff stated that there were times when only one nurse was available for the

needs of the 38 residents. They stated that this was challenging on certain days as the nurse was required to administer medications, carry out supervisory duties, admit/discharge residents and attend to paperwork and doctors' visits. Management staff stated however that new staff nurses had been recruited and were due to start in the centre in the near future.

Inspectors viewed evidence that staff were recruited, selected and vetted in accordance with best recruitment practice and in line with the requirements of Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. The person in charge stated that all staff in the centre had the required Garda Síochána Vetting (GV) clearance in place. All staff nurses had up-to-date registration with An Bord Altranais agus Cnáimhseachas na hÉireann. However, copies of relevant nursing degree qualifications were not available in all files. The person in charge acquired the regulatory certification during the inspection.

The person in charge stated that there was a robust system of staff induction training and annual appraisals in operation for all staff. Volunteers had the required GV in place and were supervised appropriate to their level of involvement in the centre. However, further clarification was required in relation to the specific role each volunteer undertook in line with regulatory requirements.

Some more recently recruited staff did not have up-to-date mandatory training. Senior staff spoke with inspectors about outsourcing some training due to the difficulty of accessing suitable qualified trainers to deliver elder abuse and safeguarding training.

Judgment:

Non Compliant - Moderate

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Mary O'Mahony
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Rosenalee Care Centre
Centre ID:	OSV-0000277
Date of inspection:	30 and 31 May 2017
Date of response:	30 June 2017

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 05: Documentation to be kept at a designated centre

Theme:

Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Some policies were generic and did not reflect day-to-day practices in the centre. A small number of policies had not been reviewed or updated in over three years.

1. Action Required:

Under Regulation 04(3) you are required to: Review the policies and procedures referred to in regulation 4(1) as often as the Chief Inspector may require but in any

¹ The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.

Please state the actions you have taken or are planning to take:

The small number of policies which had not been reviewed and updated has been reviewed and updated now.

Proposed Timescale: 15/06/2017

Outcome 08: Health and Safety and Risk Management

Theme:

Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Weekly activation of the fire alarm system was not being recorded or taking place.

Two fire-safe doors were held open during meal-times.

There was no fire extinguisher available to staff in the laundry room.

2. Action Required:

Under Regulation 28(1)(a) you are required to: Take adequate precautions against the risk of fire, and provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.

Please state the actions you have taken or are planning to take:

Weekly activation of fire alarm system has written records now in place.

We are going to fit electromagnetic magnet hold open door closers. In the meantime doors will remain closed at all times.

Our annual servicing of extinguishers is in July. There will a fire extinguisher in place then.

Proposed Timescale: Extinguishers in place by July 31st 2017.

Two fire-safe door devices will be fitted within 6 months. 31/12/2017.

Proposed Timescale: 31/12/2017

Outcome 16: Residents' Rights, Dignity and Consultation

Theme:

Person-centred care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Ensure that the use of CCTV cameras does not intrude on the right to privacy of residents, relatives and staff.

3. Action Required:

Under Regulation 09(3)(b) you are required to: Ensure that each resident may undertake personal activities in private.

Please state the actions you have taken or are planning to take:

Our CCTV position continues as per data protection act. There is no CCTV in bedrooms and toilets protecting the dignity and privacy of residents, staff, relatives and visitors. CCTV is mainly used for security purpose

Proposed Timescale: Ongoing review

Proposed Timescale: 30/06/2017

Outcome 18: Suitable Staffing

Theme:

Workforce

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Inspectors were not assured that the number and skill mix of staff was always appropriate to the needs of the residents, assessed in accordance with Regulation 5 and in line with the size and layout of the designated centre. For example, on a number of days there was only one nurse available for the needs of 38 residents.

4. Action Required:

Under Regulation 15(1) you are required to: Ensure that the number and skill mix of staff is appropriate to the needs of the residents, assessed in accordance with Regulation 5 and the size and layout of the designated centre.

Please state the actions you have taken or are planning to take:

There was a sudden and unexpected staffing recruitment and retention issues which will be resolved with the commencement of a new nurse on 3rd July.

Proposed Timescale: 03/07/2017

Theme:

Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Some more recently recruited staff did not have up-to-date mandatory training.

5. Action Required:

Under Regulation 16(1)(a) you are required to: Ensure that staff have access to appropriate training.

Please state the actions you have taken or are planning to take:

Newly recruited staff are hired on probationary period for six months and the mandatory training is provided during this period.

Proposed Timescale: Within 6 months of start date.

Proposed Timescale: 30/06/2017

Theme:

Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

The roles and responsibilities of people involved on a voluntary basis with the designated centre had not been set out in writing as required by regulation.

6. Action Required:

Under Regulation 30(a) you are required to: Set out in writing the roles and responsibilities of people involved on a voluntary basis with the designated centre.

Please state the actions you have taken or are planning to take:

This has been addressed.

Proposed Timescale: 21/06/2017